BOSTON COLLEGE
2025–2026

Complete this form if o ha e not and are not req ired to le a 2023 federal, P erto Rican, Canadian or an other foreign ta ret rn.

This form ma not be sed b indi id als ho ork in co ntries or for ta e empt organi ations (e.g., embassies, United Nations, World Bank, DMF, etc.) These indi id als m st s bmit signed, translated copies of their foreign ta ret rn or a letter from their emplo er(s) stating the ear's salar and bene t information along ith their 2023 ear-end pa st b.

Please ret rn this form to .bc.ed / naid pload. Detailed instr ctions, incl ding le limitations, are a ailable at .bc.ed /appl foraid. Please note that it takes 48–72 ho rs for o r doc ments to be added to o r nancial aid le.

Student's Name _____ [illegible]

[illegible]

Perso _l I form_ o [illegible]

Custodial Parent's Name _____

Custodial Parent's Social Security Number _____

Wages (If W-2 forms were issued, attach copies to this form.)	Amount: $ _____	Source: _____
Unemployment Compensation	Amount: $ _____	Source: _____N/A_____
Interest/Dividends	Amount: $ _____	Source: _____N/A_____
Veteran's Bene f ts (name)	Amount: $ _____	Source: _____N/A_____
Social Security Bene f ts (total for all family members)	Amount: $ _____	Source: _____N/A_____
Alimony	Amount: $ _____	Source: _____N/A_____
Welfare (including AFDC and TANF)	Amount: $ _____	Source: _____
Other Source	Amount: $ _____	Source: _____
Total taxable/non-taxable income for 2023	**$** _____	